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Subs	Substitute for form 1449/PTO			Complete if Known		
				Application Number	NEW APPLICATION	
IM	EODMAT	ION DIC	CL OCUBE	Filing Date		
INFORMATION DISCLOSURE STATEMENT BY APPLICANT				First Named Inventor	Dayan	
				Art Unit		
(Use as many sheets as necessary)			cessary)	Examiner Name		
Chast	1 1		1	Attorney Docket Number	PPS9 2003 0208 US1	

			U. S. PATENT C	OCUMENTS	
Examiner Initials*	Cite No. <sup>1</sup>	Document Number  Number-Kind Code <sup>2 (f known)</sup>	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear
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Examiner Initials*	Cite No.1	Foreign Patent Document	Publication Date	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages	
.,		Country Code <sup>3</sup> "Number <sup>4</sup> "Kind Code <sup>5</sup> (if known)	MM-DD-YYYY	, , , , , , , , , , , , , , , , , , ,	Or Relevant Figures Appear	ľ
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